

Children's Healthcare of Atlanta

“Enter FULL title and Short title of protocol here“

PATIENT IDENTIFICATION

Investigator:

VISIT #

List each visit/ day separately unless multiple visits have identical orders.
If using one order set for multiple visits, list the visit options at the top of the form.
For example – Visit 1, 1a, 2, 2a, 2b, 3, week 1 day1, month 1, etc.

Admission Date/Time: _____ / _____

Allergies: _____

Study ID: _____

Weight: _____ kg

- _____ 1. Admit to Pediatric Research Unit at the Children’s Center for Advanced Pediatrics. Verify that Informed consent is signed and on the chart or informed consent will be signed on admission before initiating protocol. **A signed copy of consent needs to be given to PRU during initial study visit.** (Study Team)
- _____ 2. Notify **XXXX (coordinator, office: XXX; cell: XXX)** and **XXX (PI, cell: XXX; PIC # XXX)** of patient's arrival. (PRU)
- _____ 3. Activity: **Specify normal or any limitations.** (PRU)
- _____ 4. Diet - **Specify type and hours to be provided (Meals or snacks). Specify any additional services needed, (i.e. calorie count, nutrition assessment, anthropometry, fluid restrictions, time period during which patient will need to be NPO.)** (PRU)
Time of last PO: _____(If required to be fasting)
- _____ 5. Obtain vital signs **(which and how often)** HR, BP, Temp **(type)**, RR, Pulse Oximetry **(if needed)**. (PRU)
- _____ 6. Obtain Weight in kg **(how often)**; Height in cm **(how often)**. Include unit of measure. (PRU)
- _____ 7. Place PIV for medication administration and/or sampling. Flush with normal saline. Or perform phlebotomy for obtaining blood specimens. lidocaine 4% or pain spray (check one) may be used as requested by patient. (PRU)
- _____ 8. Review concomitant medications. (Coordinator)
- _____ 9. Perform physical examination. (PI)
- _____ 10. Obtain urine. Send to _____. **(Remove if not needed, add urine pregnancy here if needed in WOCPB)**

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- _____ 11. Place IV or perform phlebotomy for obtaining blood specimens. Lidocaine 4% cream or pain spray (check one) may be used as requested by patient. Obtain baseline lab specimens. (PRU)

(Add additional lines for multiple labs, copy and paste chart below for additional time points as needed, i.e. one hour PK)

| Lab: | Tube: (color and quantity) | Destination: (i.e. Research Processing, CAP research lab, Emory lab, CHOA Main lab) | Time Drawn: | Staff Initials: |
|---------|----------------------------|---|-------------|-----------------|
| Ex. CBC | 2 ml lavender | CAP Research Lab (labs that will be resulted in CAP) | | |
| | | Research Processing (Labs that will be processed and shipped to outside labs for resulting) | | |

- _____ 12. Administer, Obtain, Dispense....Medications (study drug(s) details including delivery route, method, timing, etc.) (PRU)
- _____ 13. Obtain or escort patient to imaging or non-invasive diagnostics. (must use CHOA specific department order form). (Coordinator) (i.e. radiology, etc – remove if not needed)
- _____ 14. Provide parking pass & discharge instructions when all study orders are complete. Discharge participant. Discharge instructions provided by coordinator. (Study team)

Physician Signature: _____ PIC#: _____ Date: _____ Time: _____

Printed Name: _____

| | | | |
|-----------------|----------------|----------|-------|
| Staff Signature | Staff Initials | Date | Time |
| _____ | _____ | __/__/__ | _____ |
| _____ | _____ | __/__/__ | _____ |
| _____ | _____ | __/__/__ | _____ |